

REMARKS ON THE TREATMENT OF CARBUNCLES AND BOILS.

By SIR PETER EADE, M.D., F.R.C.P.,

Senior Physician to the Norfolk and Norwich Hospital.

THE very valuable papers by Mr. Page and Mr. Rushton Parker recently published in the *BRITISH MEDICAL JOURNAL* aptly recall attention to the subject of the local treatment of carbuncles as well as boils, and I think yet a few more words may well be said on this matter.

The contribution of Mr. Page refers chiefly to the treatment of carbuncle in its advanced stages, and especially to the method of then treating it by incision and scraping away as far as possible the sloughing and diseased mass which gradually forms in the course of this disease. It is doubtless in these later stages that this method of procedure by abrasion or scraping appears most applicable, because it is then that the soft, boggy material exists in considerable quantity, and the size of the peculiar "core" or slough is then such as to make its removal desirable for every reason. In all three of Mr. Page's cases the carbuncle had reached a very forward stage, the diameters of the swellings being four, five, and eight inches respectively, and in all the disease having existed for from two to three weeks. The results appears to have been in all of them highly satisfactory.

Mr. Parker's cases carry these views as to the desirability of surgical interference still further, and press upon consideration the question of always treating carbuncles and boils at all their stages by removal or destruction.

These views are, of course, in direct opposition to the opinion expressed by Sir J. Paget as to the propriety of non-interference in these cases, but they strongly confirm the recommendations given by the late Mr. James Startin (*BRITISH MEDICAL JOURNAL*, vol. ii, 1866) in a most practical paper on this subject.

Many years ago I devoted considerable attention to these diseases, and I published several papers (see *Lancet*, 1869 and 1874, and *BRITISH MEDICAL JOURNAL*, 1876) advocating the free use of caustics for their destruction. Then, as now, all evidence went to show that a carbuncle (like a boil) was mainly a local disease, and that its career could be cut short at almost any stage, from its earliest one of a pimple with an open apex, through that of a solid papule, to the fully-formed condition of a pulpy mass with its characteristic cribriform and discharging openings.

The several cases so recently published show once more what are the true theoretical principles on which we should act, and also how effective is the knife or the spoon in removing the disease and relieving the patient. I would urge that they forcibly inculcate the duty of considering in every case whether prompt surgical interference is not called for, not only when the disease is large and fully formed, but also when smaller, yet slowly but surely advancing in its well-known course, and is certainly involving the patient in a prolonged illness attended with much pain and general suffering, as well as the possibility of some danger to life.

That the disease is not only local, but is due to the presence (or products) of a micrococcus, is now practically established (see Mr. Watson Cheyne's Lectures, 1888, etc.), and there is now little doubt that the multiplication and spread of a mass of germ-growth (? *staphylococcus pyogenes aureus*) from the centre or original pimple in a circular form outwards and outwards is the essence of the disease.

Like anthrax and malignant boils generally, carbuncle is in its early stages undoubtedly curable through local destruction or removal. But it seems that a necessity for increased strength of the destructive agent steadily increases as the period of its existence is prolonged. At first the pimple may be almost certainly destroyed by continuous soaking with a solution of boracic acid, salicylic acid, or other mild antiseptic. At a little later period it

may usually be aborted by inserting freely into its central or cribriform openings some strong solution of carbolic acid in water or glycerine, or by adopting one or other of the methods suggested by Mr. Startin (*JOURNAL*, vol. ii, 1866). But when it has become large and solid, and much surrounding tissue has been infiltrated with the growing germs and their products, the disease appears to be chiefly susceptible of surgical treatment by partial or entire excision, or incision with scraping away of the boggy material, as recommended and practised by Mr. Page.

In cases where this severer form of treatment is either declined or thought inexpedient, there is then nothing for it but such careful expectant treatment as Sir J. Paget recommends; although my own experience shows that even in the later stages the free application of oil or glycerine of carbolic acid, alone or upon a poultice, or inserted into the openings, has a marked effect in penetrating and rapidly improving the condition of the sloughy mass, and apparently in hastening its separation.

None of the usual local caustic applications are otherwise than painful, for the spreading growth is always excessively tender, but nevertheless, in many cases, it is well worth while to submit to the pain of the application in the early stages, rather than incur the risk of one, two, or three months' severe and, perhaps, dangerous illness. But in some other cases it is almost imperative to try and abort or destroy the nascent growth, as, for example, in carbuncle commencing upon the face or upper lip, which is, perhaps, its severest form. A few years ago it happened that a well known surgeon in this county was attacked with a carbuncle of the lip, which was treated in the ordinary way by poultices and the other usual methods of soothing and expectant treatment. This gentleman was severely ill, and in considerable danger of his life for several weeks. He was compelled to leave his home and to relinquish practice for several months; and when he returned, the whole side of his face was deformed and distorted from the contraction of cicatricial tissue, and his face and chin were red-dened and disfigured for life.

Very shortly after this I was asked to see another medical man in whom the same form of the disease had begun, and was rapidly spreading. It began at the right side of the upper lip, and had extended nearly to the middle line, and the lip was swollen, tense, and very painful, whilst several small openings had already formed. Remembering the other recent and unfortunate case, which I quoted to the patient, I persuaded him to allow me freely and frequently to insert a strong carbolic glycerine solution into every part of the swelling where a hole permitted it. The process was disagreeable and somewhat painful, yet the good result obtained encouraged us to persevere, and in three or four days we had the satisfaction of finding that the increase of the growth was quite stopped, that the tension and swelling were steadily subsiding, whilst bright red granulations (such as carbolic acid will often produce in the base of a sloughing tissue) began to show themselves.

In two or three weeks from the commencement of the attack this gentleman was absolutely well, quite free from deformity, and almost free from any cicatrix, the result exhibiting a marked and gratifying contrast to that in the case of his professional brother.

Boils are not identical with carbuncles, for they have a different size and aspect, a different life-history, and an entirely different duration; but they are evidently closely akin, alike local and "fungoid," and the theory of their treatment must be the same, however modified in practice by their lesser importance. And they are markedly contagious, for there is strong reason to believe that what is commonly called a "crop of boils," and is often attributed to some blood-fault, is essentially the result of auto-inoculation, and that each successive boil is due to the implantation in the skin of fresh seeds or germs from the preceding one. It is well known that a nascent boil may be easily aborted by a point of some strong caustic. The same result may be more easily and pleasantly obtained (as in the earliest stages of carbuncle) by soaking the commencing pimple frequently with a solution of salicylic acid; and I had the satisfaction a short time since of thus entirely stopping the progress of "a crop of boils" in both husband and wife, who had clearly infected each other, by the adoption of this very simple and painless process.

The whole tenour of our increasing knowledge of both carbuncles and boils appears to me strongly to point not only to the certainty of their local and parasitic nature, but also to the desirability of their destruction and removal at the earliest stage at which they come under our observation.

saved the extremes of pessimism or optimism, according to his varying moods, and his life will be regulated for him to the best advantage on the principles above laid down.

TRANSPLANTATION OF NERVE FROM THE RABBIT TO MAN.

DR. GERSUNG, of Vienna, assistant to Professor Billroth, has recently performed a novel and interesting operation—the transplantation of nerve from the rabbit to man. The case has not hitherto been published in any medical journal, but owing to its general interest the bare fact had found its way into the lay newspapers. Our Vienna Correspondent has received from Dr. Gersung a verbal account of the salient points of this most remarkable operation, which has so far been conspicuously successful. The patient is Professor von Fleischl, the distinguished occupant of the chair of physiology in the University of Vienna; sixteen years ago he accidentally wounded himself while conducting a *post-mortem* examination, and severe inflammation of the whole right upper limb ensued. During the course of the disease the terminal phalanx of the thumb became gangrenous. The stump thus left was painful, and later on re-amputation was performed. This was followed by the formation of neuromata. For this condition the branches of the median nerve which supply the thumb were first resected, together with the terminal neuromata, and at a later period, when new neuromata began to develop, the central parts of the same nerves, together with the branches of the radial nerve which supply the thumb, were resected. Fresh neuromata now developed on the branches of the median nerve, which were treated, without any success whatever, by the injection of hyperosmic acid and electrolysis. Two years ago the neuromata were resected again, and the resection of the nerves was continued as far as the “ligamentum carpi volare;” on this occasion, the branches which supply the radial and the ulnar sides of the index, as well as the radial side of the middle finger, were resected to a great extent. The forefinger now became anæsthetic, except the dorsal aspect of its first phalanx, which, as is known, is supplied by the radial nerve; in the same way the whole radial side of the middle finger became anæsthetic. The pain, however, again recurred, as after the previous operations, and during the course of the second week after the last operation, the patient became aware that a fresh neuroma was developing. The suffering finally became so severe that the patient wished to undergo another operation, in order to procure, at least, temporary relief. Accordingly the following operation was performed: On March 4th the patient was put under the influence of chloroform, and the neuroma, which was situated behind the volar carpal ligament, was excised, the nerve being cut through behind the neuroma. The peripheral nerve stumps of the two digital branches above mentioned were then sought for. A rabbit was now killed, and as long as possible of the sciatic nerve of the animal, with the two branches into which it becomes divided, was dissected from it (the animal still presenting voluntary contractions). The sciatic nerve was afterwards inserted into the space between the central stump of the median nerve and its digital branches; the central end of the sciatic nerve was sutured to the connective tissue which

covered the median nerve, and the two branches were sutured to the digital branches of the median nerve; the portion of nerve, measuring about 6 centimètres, which was deficient was thus made up. After the operation severe pain persisted for some hours, but then entirely subsided. Healing took place by first intention. As two months have now elapsed since the date of operation and the pain has not returned, it may be hoped that the favourable result will become a permanent one. Sensibility, moreover, is becoming re-established in the part. Dr. Gersung has postponed the publication of the case, because he wished to observe whether complete sensibility would return; he hopes with confidence that this will be the case. The ultimate result will be awaited with great interest; for if it is as favourable as now appears probable Dr. Gersung's recommendation that the operation should be given an extended trial will doubtless be widely acted on.

SANITARY REGISTRATION OF LODGING HOUSES.

At a recent meeting of the Hastings Town Council, Mr. Councillor Bray moved a resolution of wide public interest, the purport of which was the proposal to establish a system of voluntary registration of houses by the Town Council after examination and report by the borough surveyor or nuisance inspector. The resolution also proposed to grant certificates to such houses as attained, in the opinion of the examining officer, a certain standard of sanitary excellence. After a lengthy discussion, Mr. Bray eventually agreed to withdraw his motion. Whilst acknowledging that Mr. Bray brought forward many cogent reasons for the introduction of such a system into Hastings, it must be allowed that considerable weight attaches to the dissentient views which were expressed at the meeting. In the first place there is nothing at the present time to prevent lodging-house keepers or house-owners from obtaining such certificates from competent persons, should they desire to do so; and no doubt they would do so, if the public were in the habit of demanding them. In the second place, it is very questionable if any public body like a Town Council would be justified in saddling itself with so onerous a responsibility to the public and to visitors as that for the sanitary condition of houses in the town, over which it would have but little real control, but for which it would be held liable should ill-health or disease ensue as the result of occupancy entered into on the strength of the assurance given as to good sanitary condition by the Town Council's certificate. Again, as the Mayor pointed out, if Mr. Bray's resolution were adopted, the Town Council might render themselves liable to house-owners for damages should certificates be withheld when applied for.

Although the system would be voluntary and would thereby avoid the chief defect which characterised the Sanitary Registration of Buildings Bill of last session, the discussion which that Bill gave rise to clearly showed that in the opinion of those best qualified to know, the sanitary officials of a public authority are not the people to be entrusted with the examination of houses and the granting of certificates; the possible abuses of such a system are too obvious. The signs are not wanting that at last the public is beginning to understand that lodgings at seaside and health resorts are often the least